

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN2602	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0102 B. WING _____	(X3) DATE SURVEY COMPLETED  04/12/2010
NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER - MOUNTAIN VIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD WINCHESTER, TN 37398		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to comply with the state building standards.</p> <p>The findings included:</p> <p>During the facility tour on 4/12/10 the following deficiencies were noted and verified by the Director of Maintenance.</p> <p>At 9:20 AM, observation of the B wing shower room revealed the wall was damaged above the sink Tennessee Department of health (TDOH) 1200-8-6-.08(2)</p> <p>At 9:40 AM, observation of the activity office revealed a light was burn out. TDOH 1200-8-6-.08(2)</p>	N 832	<p>N 832 1200-8-6-.08(2)</p> <p>The facility will comply with State Building Standards.</p> <p><b>Residents Affected:</b> No specific residents were identified.</p> <p><b>Residents Potentially Affected:</b> Residents of the facility have the potential to be affected by the cited deficient practice. Maintenance will repair the wall above the sink in the B Wing Shower room. The ballast was replaced in the Activity Office light fixture.</p> <p><b>Systemic Measures:</b> Maintenance will repair the wall above the sink in the B Wing Shower room. The ballast was replaced in the Activity Office light fixture. Staff will be inserviced on the importance of reporting items such as walls needing repair and light fixtures not working in the maintenance log so that Maintenance can follow-up.</p> <p><b>Monitoring Changes:</b> Staff performing non-clinical rounds have been inserviced on observing for items needing repair during their routine rounds. They also will place these items in the maintenance log for Maintenance follow-up.</p>	5/12/10

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

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If continuation sheet 1 of 1

APR 29 2010